

**PT 46C - APPLICATION FOR DISABLED VETERAN
PROPERTY TAX EXEMPTIONS (SDCL 10-4-40)**

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PERSONAL INFORMATION

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Last Name	First Name	Middle Initial
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Mailing Address	County	Telephone
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City	State	Zip Code
		(month) (day) (year)
		Birth Date
<hr/>		
Parcel Number _____		
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Legal description of property for which exemption is requested		
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ELIGIBILITY

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- A. Are you a veteran who is rated as permanently and totally disabled from a service connected disability? YES NO

- B. Is the above described property classified in the county director of equalization office as owner-occupied? YES NO

All applicants must provide proof of their eligibility for this exemption. Such proof can be obtained by calling the Sioux Falls VA Regional Office at 1-800-827-1000 and asking them to send you a statement verifying that you are permanently and totally disabled from service connected disability(ies).

I have examined this claim and it is correct to the best of my knowledge.

_____ Claimant's signature	_____ Date	_____ Preparer's signature
		_____ Address
		_____ City

APPLICATION MUST BE MADE ON OR BEFORE NOVEMBER 1

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

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I have investigated the statements made in this application as to the eligibility of the applicant as of November 1, 20____. Based on the investigation it is my recommendation that the amount of value of this property to be exempt is \$ _____ effective November first, following action by the county board of equalization.

(Director of Equalization)